

Note: This is a sample
template, it is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1**Carrier Identification Information**

Parent Company Name

Salina-Spavinaw Telephone Company, Inc.

Service Provider Name

Salina-Spavinaw Telephone Company, Inc.

Company Address, City, State, Zip

P. O. Box 600

Salina, OK 74365-0600

Service Provider Type

☐ Wireless

☒ Wireline

Wireline

Name(s) of Wireless License Holder(s)

N/A

Contact Name

Darla Metheny

Contact Tel #

918-434-5392

Fax #

918-434-6960

E-mail Address

Darlam@sstelco.com

Section 2**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Adair County, Oklahoma

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Basic 911 calls are already routed to a PSAP in Adair County.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Carrier already routes calls basic 911 calls to PSAP in Adair County.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Already Complete

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

None that we are aware of at this time.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

N/A

Section 4

Certification - To be signed by an authorized representative of the reporting entity

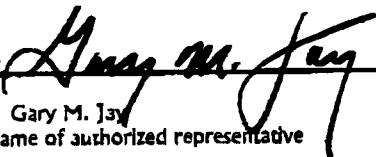


I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.



I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 3/5/2002.

Signature



Printed name of authorized representative

Title Comptroller

Date 03/05/2002

This filing is:



original filing



revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.